

Name
in
Full

Bathurine Blackburn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

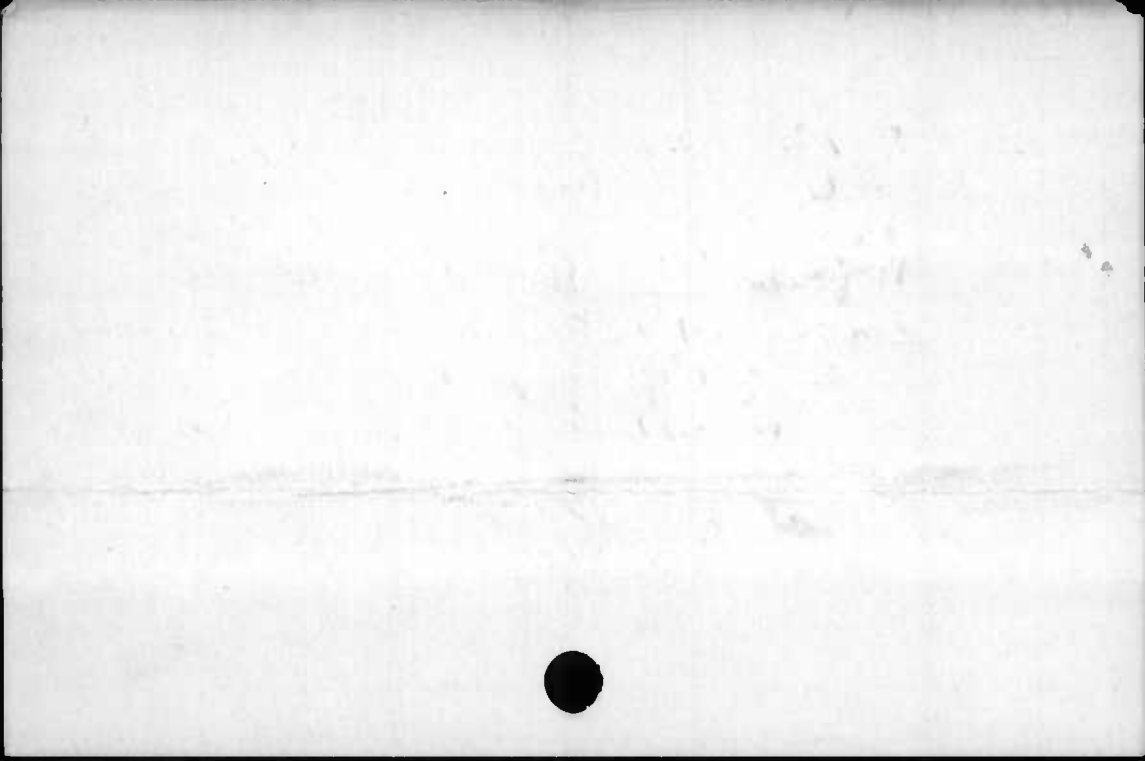
Died at		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Date of death		190	6	12	29	Age	70
Sex		Female		Color or Race		white - English	
Occupation		Farming		Where Residing if not at place of death		Ridgely	
Married, Single or Widowed		Widowed		Name of Wife or Husband		Shoe Blackburn	
Father's Name		Richard Mas Craft		Father's Birthplace		England	
Mother's Maiden Name		Marguerette Johnson		Mother's Birthplace		1 1 1 1	
Name of person giving information		E. M. E. Elwood		How related to deceased		Son in Law	

CAUSES OF DEATH

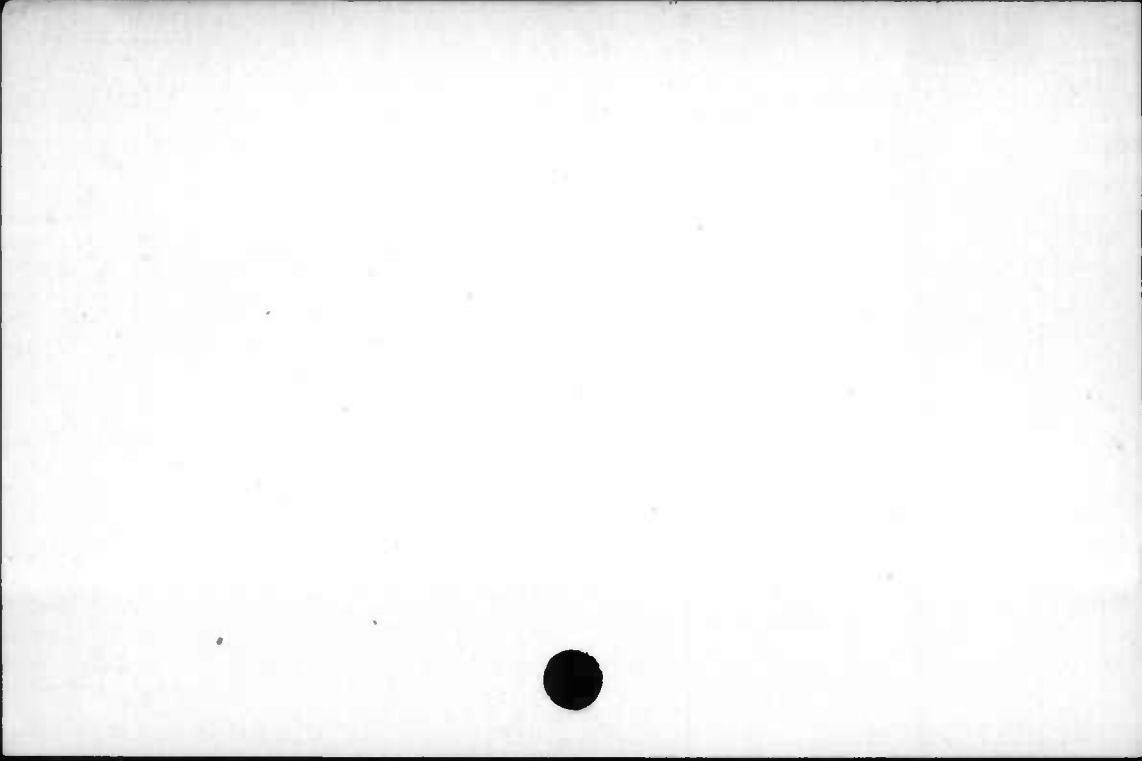
79

PHYSICIAN
OR CORONER

Primary	<i>Mitral Insufficiency</i>	How long	<i>Ten years</i>
Immediate	<i>Heart Failure</i>	How long	<i>Ten days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>H. M. Richards</i>	
		Address	
		<i>Ridgely, Md.</i>	
Accident or Suicide?			



Name In Full Brown		Town Federalsburg		County Caroline		Certificate of Death	
Died at		Date of death		Age		Maryland	
Month Dec		Day 19		Years 19		Months 0	
Sex male		Color or Race white		Birth-place md			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Geo W Brown		Father's Birthplace Pa					
Mother's Maiden Name Andrew Young		Mother's Birthplace md					
Name of person giving information J W Brown		How related to deceased father					
CAUSES OF DEATH							
Primary		Premature infant		How long			
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician R Kemp Jefferson			
				Address Federalsburg			
				md			
Accident or Suicide?							



Name
in
Full

Margaret Jane Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Preston</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND									
Date of death	1906	Month	<i>Dec.</i>	Day	<i>24</i>	Age	<i>1</i>	Years		Months	<i>10</i>	Days	
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Maryland</i>						
Occupation	<i>—</i>					Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>										
Father's Name	<i>John Butler</i>						Father's Birthplace	<i>Maryland</i>					
Mother's Maiden Name	<i>Sarah Maria Dickerson</i>						Mother's Birthplace	<i>Maryland</i>					
Name of person giving information	<i>Aunt Maria Dickerson</i>						How related to deceased	<i>Grandmother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>3 months</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. L. Stokes</i>
		Address	<i>Preston Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

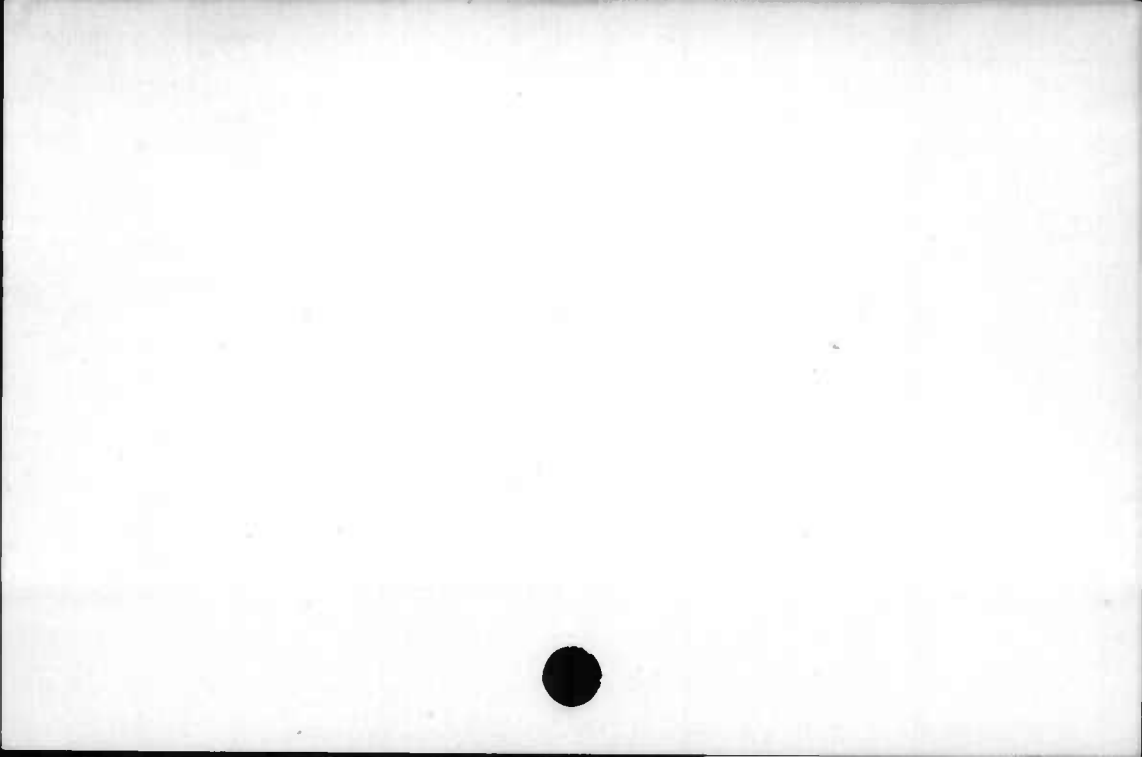
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Victoria Collins</i>		Town <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Federalburg</i>		Month <i>Dec</i>		Day <i>17</i>		Age <i>22</i>	
Date of death <i>1906</i>		Month <i>Dec</i>		Day <i>17</i>		Age <i>22</i>	
Sex <i>female</i>		Color or Race <i>black</i>		Birthplace <i>md</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>C R Collins</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Annie Brummel</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>C R Collins</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>5 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R R Jefferson</i>
	Address <i>Federalburg</i>
	<i>md</i>
Accident or Suicide?	



Name
In
Full

Mary M. Dillon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years		Months	Days
1906		12	28	Age			
Sex		Color or Race		Birth-place			
Female		White					
Occupation				Where Residing if not at place of death			
Hwife							
Married, Single or Widowed		Name of Wife or Husband					
M		William Dillon					
Father's Name				Father's Birthplace			
Gny							
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Wd Dillon				Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Poverty	How long	66
Immediate	50	How long	few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Raymond D. Brown	
		Address	
Accident or Suicide?			



Name
in
Full

Gadoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar Preson</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>12</i>	Day <i>21</i>	Age <i>Still Born</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>German</i>		Birth-place <i>MS</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Frank Gadoe</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Homer</i>			Mother's Birthplace <i>MS</i>		
Name of person giving information <i>Frank Gadoe</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Raymond D. Moore</i>
		Address
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towling Creek</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec.</i>	Day <i>27</i>	Age <i>70</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place		
Occupation <i>coal burner</i>	Where Residing if not at place of death <i>Towling Creek</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Sarah Ireland</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information <i>James Ireland</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis of heart</i>	How long <i>79</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John W. Hadaway</i>
	Address <i>Towling Creek, Md.</i>
Accident or Suicide?	

authorized by the doctor to attach his name.

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Elton Johnson</i>		Town <i>Federalburg</i>		County <i>Caroline</i>		State <i>MARYLAND</i>	
Died at <i>Federalburg</i>		Month <i>Dec</i>		Day <i>18</i>		Age <i>2</i>	
Date of death <i>1906</i>		Month <i>Dec</i>		Day <i>18</i>		Years <i>2</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth- place <i>md</i>			
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Wes Johnson</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Effadel Cannon</i>		Mother's Birthplace <i>md</i>					
Name of person giving Information <i>Sol Collins</i>		How related to deceased <i>stepson</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diphtheria

How long

1 week

Immediate

Age the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*R. H. Jefferson**Federalburg md*

Accident or Suicide?



Name
in
Full

Tilghman Mittle.

CERTIFICATE OF DEATH

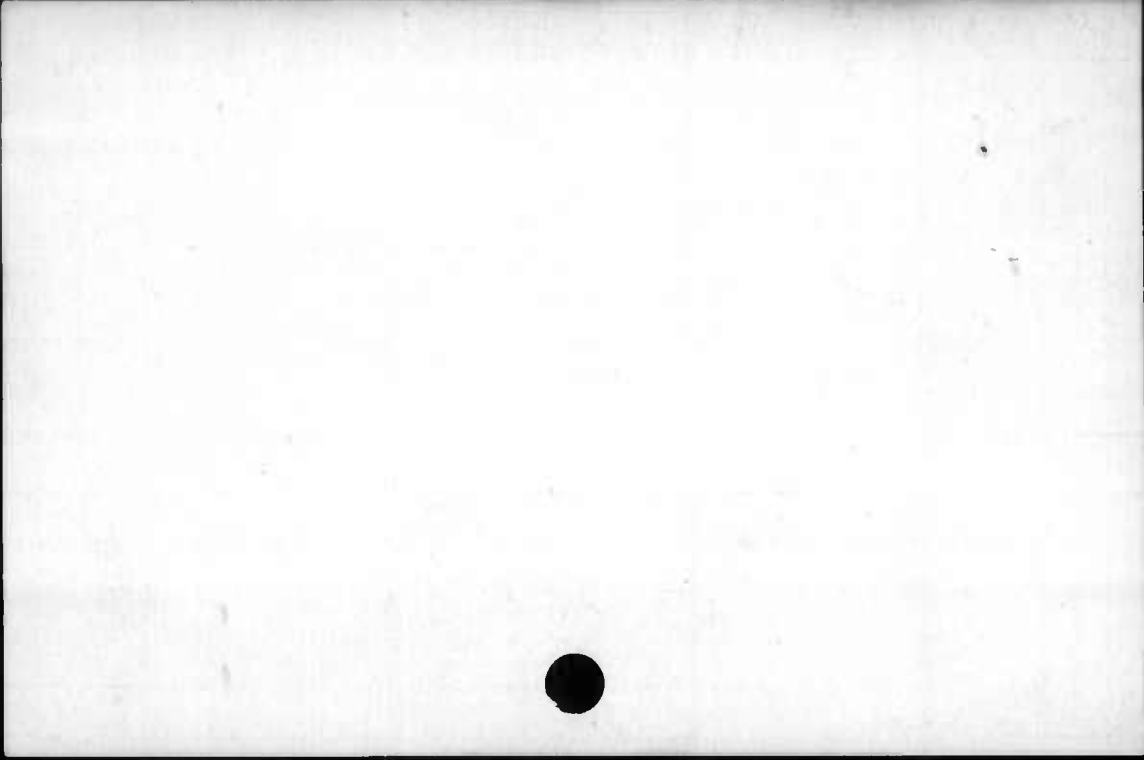
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Andersontown</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death: <i>1906</i>	Month <i>December</i>	Day <i>17</i>	Years <i>92</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>—</i>		Birth-place <i>Maryland</i>		
Occupation <i>former Merchant — retired</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife <i>—</i>		Husband <i>was widow Dickes</i>		
Father's Name <i>(married four times)</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>D. S. Adams</i>			How related to deceased <i>Undertaker</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age — 92 years</i>	<i>(154)</i>	How long <i>—</i>
Immediate	<i>"</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jas. H. Ward</i>	<i>Hobbs</i> <i>md</i>
		Address <i>—</i>	
Accident or Suicide? <i>—</i>			



Name

in Full

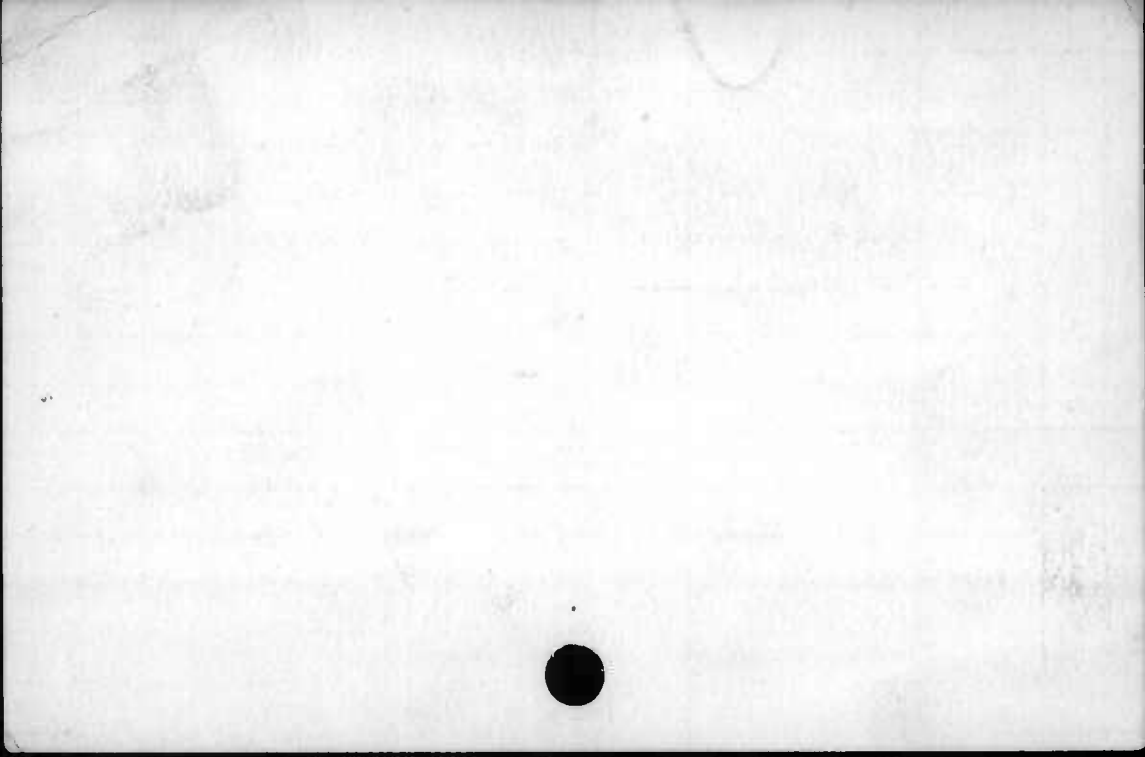
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at <i>Wilmington</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>12</i>	Day	<i>20</i>	Years	<i>70</i>
				Age	<i>70</i>	Months	<i>6</i>
						Days	<i>16</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Penn.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>John. Rice</i>				
Father's Name	<i>Robert Clark</i>					Father's Birthplace	<i>Penn.</i>
Mother's Maiden Name	<i>Marguerite Bureau of</i>					Mother's Birthplace	<i>Penn.</i>
Name of person giving information	<i>Robt. C. Rice</i>					How related to deceased	<i>Son</i>

CAUSES OF DEATH

Primary	<i>Bright's</i>	How long	<i>6 months</i>
Immediate	<i>Heart disease & Bright's</i>	How long	<i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>P. R. Fisher</i>
		Address	<i>Wilmington</i>
Accident or Suicide?	<i>No</i>		<i>Ind</i>



Name
in
Full

CERTIFICATE OF DEATH

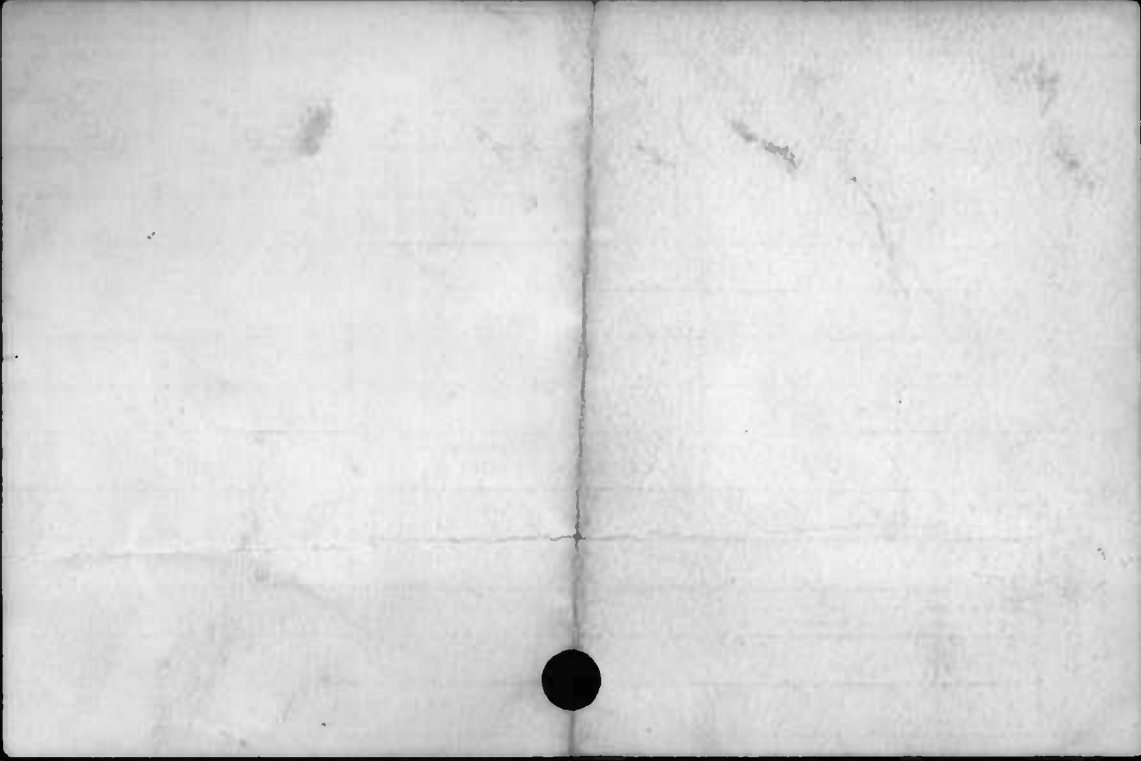
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Sarah Ann Hau</i>		Town <i>Goldsboro</i>		County <i>Caroline</i>		MARYLAND	
Died, at		Date of death		Age		Months	
		<i>1906 Dec</i>		<i>6 - 55</i>		<i>4 24</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>			
Occupation <i>House-wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jessie Ford</i>					
Father's Name <i>Jonathan Opha Hau</i>		Father's Birthplace					
Mother's Maiden Name <i>Mary A Griffin</i>		Mother's Birthplace					
Name of person giving information <i>Jessie Ford</i>		How related to deceased <i>His band</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Endocarditis</i>	How long <i>79</i>
Immediate <i>Heart failure</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Elmer</i>
	Address <i>Goldsboro.</i>
Accident or Suicide?	



Name
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Full

CERTIFICATE OF DEATH

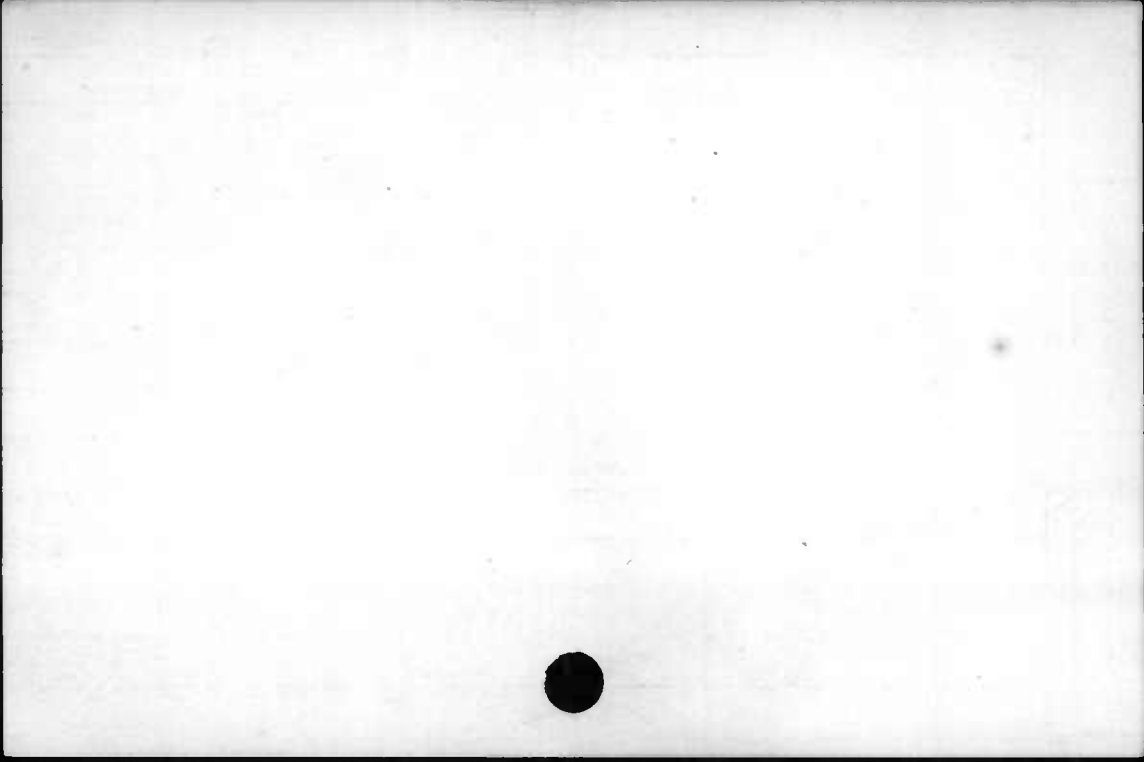
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah M Willoughby</i>		Town <i>Redgey</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Redgey</i>		Month <i>12</i>		Day <i>31</i>		Age <i>19</i>	
Date of death <i>1906</i>		Month <i>12</i>		Day <i>31</i>		Years <i>19</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Caroline Co</i>		Months <i>1</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death		Days <i>19</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Wm Willoughby</i>		Father's Birthplace <i>Caroline Co</i>			
Father's Name <i>Joseph Andrew</i>		Mother's Maiden Name <i>Mary Chilcutt</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>A T Willoughby</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>"Typho-malarial" Fever</i>	How long <i>Five days</i>
Immediate <i>Heart-failure</i>	How long <i>Five hours</i>
Are the name, age, sex, color, date and place correctly given above <i>Cy.</i>	Signature of Physician <i>H. V. Rickard</i>
	Address <i>Redgey, Md.</i>
	<i>Caroline, Co.</i>
Accident or Suicide? <i>— — —</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John H. Wilson		Town		County		MARYLAND							
Died at		Federalsburg		Caroline									
Date of death		1906	Month	Dec	Day	17	Age	Years	27	Months		Days	
Sex		male		Color or Race		white		Birth-place		md			
Occupation		farmer		Where Residing if not at place of death									
Married, Single or Widowed		single		Name of Wife or Husband									
Father's Name		W. H. Wilson		Father's Birthplace		Md.							
Mother's Maiden Name		Martha Cahall		Mother's Birthplace		Del.							
Name of person giving information		W. H. Wilson		How related to deceased		father							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid	How long	4 weeks
Immediate	Pneumonia	How long	3-4 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		B. Kemp Jefferson	
Address		Federalsburg	
Accident or Suicide?		md	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Hillsboro* ^{Town}, *Caroline* ^{County}.Date of death *1906* ^{Month} *12* ^{Day} *18* ^{Years} *39* ^{Months} *—* ^{Days} *—*Sex *male* Color or Race *White* Birthplace *Penn.*Occupation *Carpenter* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Peter Grall* Father's Birthplace *Penn.*Mother's Maiden Name *Dora Kus* Mother's Birthplace *Dora Kus*Name of person giving information *Al. Grall* **(74)** How related to deceased *Brother*

CAUSES OF DEATH

Primary *Compression of brain due to* ^{How long} *2 hours*Immediate *Cerebral Compression* ^{How long} *about 1 hr.*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *D. H. B. Brown*Address *Hillsboro*

Accident or Suicide?

